

Medi-Cal Other Health Coverage Identification and Recovery Project

December 24, 2003



DEPARTMENT OF HEALTH SERVICES 714/744 P STREET P.O. BOX 942732 SACRAMENTO, CA 94234-7320 (916) 323-7406 (916) 323-7456 fax



December 24, 2002

Dear Interested Party:

## **Notice to Prospective Proposers**

You are invited to review and respond to this Request for Proposal (RFP) entitled, "Medi-Cal Other Health Coverage Identification and Recovery Project" for RFP Number 02-26025. In submitting your proposal, you must comply with the instructions found herein.

Note that all agreements entered into with the State of California will include by reference General Terms and Conditions and Contractor Certification Clauses that may be viewed and downloaded at the following Internet site: <a href="www.dgs.ca.gov/contracts">www.dgs.ca.gov/contracts</a>. If you do not have Internet access, a hard copy can be obtained by contacting the person signing this letter.

If a discrepancy occurs between the information appearing in the advertisement placed in the California State Contracts Register and the information herein, the information in this notice and in the RFP shall take precedence.

## I. Proposal Submission Deadline

Regardless of postmark or method of delivery, the Department of Health Services' (DHS) Office of Medi-Cal Procurement must receive proposal packages no later than **4:00 p.m.** on **February 21, 2003.** Refer to the attached RFP for detailed submission requirements.

# II. "Mandatory" non-binding Letter of Intent

In this procurement, prospective Proposers are required to submit a non-binding mandatory Letter of Intent. See the RFP for detailed Letter of Intent submission instructions.

# III. Disabled Veteran Business Enterprise (DVBE) participation requirements

California Law requires Disabled Veteran Business Enterprise (DVBE) participation and/or performance of a good faith effort (GFE) to meet these requirements. DHS policies require DVBE participation on all contracts exceeding \$10,000. You may need four weeks or more to complete this process; therefore, you should begin this process promptly. Out-of-state firms must comply with California's DVBE participation requirements.

#### IV. Funding

Any requirement of performance by the State and the Contractor for the period of the contract subsequent to May 31, 2003, shall be dependent upon the availability of future appropriations by the Legislature for the purposes of this contract. If funds become available for purposes of this contract from future appropriations by the Legislature, the maximum amount payable under this contract for the remaining fiscal years of this contract shall not exceed the original cost proposal fixed percentage rate.



Request for Proposal 02-26025

MEDI-CAL OTHER HEALTH COVERAGE IDENTIFICATION AND RECOVERY PROJECT

California Department of Health Services
Office of Medi-Cal Procurement
600 North Tenth Street, Room 240C
Sacramento, CA 95814
P.O. Box 942732
Sacramento, CA 94234-7320

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# Q. Required Attachments

Attachment # Attachment Name

Attachment 1 Proposal Cover Page

Attachment 2 Required Attachment/Certification Checklist

Attachment 3 Proposer Information Sheet

Attachment 4 Proposer References

Attachment 5 RFP Clause Certification

Attachment 6 CCC 201 - Certification

Attachment 7 Payee Data Record

Attachment 8 DVBE Instructions/Forms with Attachment 9a, Actual DVBE

Participation and Attachment 9b, Good Faith Effort

Attachment 9 Target Area Contract Preference Request

Attachment 10 Enterprise Zone Act (EZA Preference Request)

Attachment 11 Cost Proposal Form

Attachment 12 Proposal Response Guide

Attachment 13 Conflict of Interest Compliance Certificate

Attachment 14 "Mandatory" Letter of Intent

R. Sample Contract Forms / Exhibits

Exhibit # Exhibit Name

Exhibit A1 Standard Agreement

Exhibit A Scope of Work

Exhibit B Payment Provisions and Budget Detail

Exhibit C General Terms and Conditions (GTC 201). View or download at this

Internet site: www.dgs.ca.gov/contracts.

Exhibit D(F) Special Terms and Conditions

Exhibit E Additional Terms and Conditions

Exhibit F Contractor's Release

Exhibit G Attestation of Understanding/Agreement Form

Exhibit H Glossary of Terms

Medi-Cal Other Health Coverage Identification and Recovery Project (MCOHCIRP)

RFP 02-26025

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